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**08CV5058**  
**JUDGE DER-YEGHIAYAN**  
**MAG.JUDGE COLE**

**FILED**  
9-4-2008  
SEP - 4 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

IN THE  
SUPREME COURT OF THE UNITED STATES

Kraig Wilson — PETITIONER  
(Your Name)

PEOPLE OF THE  
STATE OF ILLINOIS VS.  
RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

[ ] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Kraig Wilson  
(Signature)

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Kraig Wilson, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>50.00</u>	\$ <u>N/A</u>	\$ _____	\$ <u>N/A</u>
Self-employment	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>50.00</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0.00</u>	\$ _____	\$ _____	\$ _____
Total monthly income:	\$ <u>100.00</u>	\$ <u>✓</u>	\$ _____	\$ <u>✓</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
MERANJIL LANDSCAPING	1230 PORTLAND CHGO. HTS, IL 60466	June 07 thru Aug 07	\$ 800.00
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

<b>Financial institution</b>	<b>Type of account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
0.00 NONE	N/A	\$ 0.00	\$ N/A
		\$	\$
		\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home

Value N/A 0.00

Other real estate

Value N/A 0.00

Motor Vehicle #1

Year, make & model N/A NONE

Value 0

Motor Vehicle #2

Year, make & model N/A -NONE

Value NONE

Other assets

Description DID NOT HAVE ANY ASSETS

Value N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	\$ 0.00	\$ N/A
-----	\$ _____	\$ _____
-----	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Kiara Wilson	DAUGHTER	15
JORDAN HALLMARK	SON	8

THEY DON'T LIVE WITH ME - THEY LIVE WITH THEIR MOTHER

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

I LIVE WITH MY GRANDMOTHER	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 0.00	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ _____
Home maintenance (repairs and upkeep)	\$ 0.00	\$ _____
Food	\$ 0.00	\$ _____
Clothing	\$ 0.00	\$ _____
Laundry and dry-cleaning	\$ 0.00	\$ _____
Medical and dental expenses	\$ 0.00	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ N/A	\$
Life	\$ N/A	\$
Health	\$ N/A	\$
Motor Vehicle	\$ N/A	\$
Other: <u>NOT EMPLOYED AT PRESENT</u>	\$ N/A	\$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ N/A	\$
Installment payments		
Motor Vehicle	\$ N/A	\$
Credit card(s)	\$ N/A	\$
Department store(s)	\$ NONE	\$
Other: <u>N/A</u>	\$ N/A	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ N/A	\$
Other (specify): <u>NONE</u>	\$ 0.00	\$
<b>Total monthly expenses:</b>	<b>\$ 0.00</b>	<b>\$ N/A</b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes     No    If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?     Yes     No

If yes, how much? N/A

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes     No

If yes, how much? N/A

HOWEVER - MY MAM IS HELPING TO PREPARE THIS REQUEST.  
If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.  
LAST DAY OF GAINFUL EMPLOYMENT WAS SEPT 2006.

I WORKED A TEMPORARY JOB FOR MERANISIL LANDSCAPING  
LAST SUMMER ABOUT 2 MONTHS DURING GOOD WEATHER.  
I RECEIVED UNEMPLOYMENT FROM 9-06 THRU MARCH 07. I WAS  
HOSPITALIZED ABOUT 2 WEEKS WITH A BRAIN INJURY FOR THAT  
REASON I HAVE A PENDING PUBLIC AND + SST DISABILITY CASE  
I declare under penalty of perjury that the foregoing is true and correct. PENDING  
443-2007

Executed on Sept 3, 2008

Kris W.  
(Signature)

Sally Spratt 9-3-08

